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Long term Peristeen's constinuation at home. Preliminary study

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Keywords: Peristeen; Long-term follow-up; Therapeutic education; Neurogenic bowel dysfunction; Transanal irrigation

Objective.– To determine the long term outcome of Peristeen's home use.
Method.– Retrospective study on the 20 first patients treated by Peristeen in the department of Physical and Readaptation Medicine of Limoges universitary hospital, by the mean of phone interviews.
Results.– Successful outcome was achieved in 62.5% patients after a mean follow-up of 2.6 years. All patients had neurogenic bowel disorders, including 75% of constipation. A third of patients were spinal cord injured. Most of cases of Peristeen discontinuation occurred at the treatment beginning, one month after introduction in a third of cases. In patients who were still using transanal irrigation, mean grade of satisfaction with the Peristeen system was 9.12/10, despite the high rate of technical problems (77.8% of cases).
Conclusion.– This study highlights the limits of Peristeen's long-term using and suggests the interest of a specific therapeutic education to Peristeen and of a systematic control consultation within the 3 first months of treatment.

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Obstructive pyelonephritis due to parastomial hernia of ileal conduit urinary diversion (Bricker)

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Keywords: Bricker; Parastomial hernia; Neurogenic bladder; Complication

Introduction.– The Bricker ileal conduit urinary diversion tends to derive the urine to the skin via an ileal graft in which are anastomosed the ureters [2]. This surgery may be recommended to treat neurogenic bladders in patients with a high degree of dependence and a high risk of complications (upper urinary tract damage, sepsis, bladder tumor), making it impossible to provide a conservative treatment. This surgery improves urinary quality of life reducing the stresses due to urinary disorders and/or their treatment (side effects of anticholinergic treatment, bladder catheterization) and preserves the upper urinary tract [1]. Complications of this surgery may occur in the short term (hematoma, ileus, infection) and in the long term (pyocystis, pyelonephritis, urinary lithiasis, parastomial hernia).
Observation.– We present the clinical case of a patient aged 61, suffering from multiple sclerosis with neurogenic bladder, who underwent a bricker surgery in 2007. Hospitalized in our department in2013 in the change baclofen pump postoperative period, it occurs an episode of hypothermia to 35.5 °C with chills. Clinically there is an abdominal bulging around the Bricker hole. TDM shows a parastomial hernia of the bricker, compressing urinary cavities and causing renal cavities dilatation. Urines are derived by a probe inserted into the stoma opening. Ultrasound control shows slim urinary cavities. The patient will have revision surgery for resection of the hernia and interposition of a prosthetic plate.
Discussion.– Parastomial hernia is a palpable lump, highlighted to cough or elevation of legs. The abdominal CT finds a protrusion of abdominal contents through the wall. Its treatment is surgical and transposition of the stoma site is sometimes necessary. Only few cases are discussed in the literature except in cases of parastomial hernia post cystectomy in bladder cancer surgery [1].
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P119-e

Deep cerebral stimulation and Parkinson's disease: What is the effect of the bladder dysfunction?

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Keywords: Deep brain stimulation; Parkinson's disease; Urodynamic; Bladder dysfunction

Introduction.– Bladder dysfunction complicates generally Parkinson's disease after several years. Patients complaints irritative bladder disorders. On urodynamic data, we registered vesical hyperactivity. Often, its occur motor complications as dyskinesies and motor fluctuations over the years. These motor complications are sometimes deep cerebral stimulation indication. This study aim is to evaluate the effect of the deep cerebral stimulation on the urinary dysfunctions.
Materials and method.– Eight paper review were analyzed (n = 81 patients) between 2003 to 2010.
Results.– Methodology were very different according to the studies. Deep cerebral stimulation improved continence phase in 6/8 studies, by delaying bladder sensation (four studies) and by increasing vesical capacity (mean volume + 130 mL in four studies). On the other hand, voiding was not modified.
Discussion.– This review talk about the role of basal ganglia in continence-voiding bladder cycle. So, it seems that basal ganglia improve at the same time bladder sensation and detrusor motor control. Besides, urodynamic testing were not associated with symptoms as clinical evaluation in these few studies. Other studies could be developed to confirm these tendencies and determine if there is a therapeutic interest of the deep cerebral stimulation (associated or not with drug therapies) with urinary dysfunctions regulation in Parkinson's disease.

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